

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000001210

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: CABANISS, SMITH, TOOLE & WIGGINS, PL

## Current Principal Place of Business:

485 N KELLER ROAD  
#401  
MAITLAND, FL 32751

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 4924  
ORLANDO, FL 32802

## New Mailing Address:

FEI Number: 59-3693674

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SMITH, LARRY D MGR  
485 N KELLER ROAD  
SUITE 401  
MAITLAND, FL 32751 US

## Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: CABANISS, RONALD  
Address: 485 N KELLER ROAD, STE 401  
City-St-Zip: MAITLAND, FL 32751

Title: MGR ( ) Delete  
Name: SMITH, LARRY D  
Address: 485 N KELLER ROAD, STE 401  
City-St-Zip: MAITLAND, FL 32751

Title: MGR ( ) Delete  
Name: WIGGINS, MICHAEL J  
Address: 485 N KELLER ROAD, STE 401  
City-St-Zip: MAITLAND, FL 32751

Title: MGR ( ) Delete  
Name: TOOLE, M. GARY  
Address: 485 N KELLER ROAD, STE 401  
City-St-Zip: MAITLAND, FL 32751

Title: MGR ( ) Delete  
Name: SMITH, JOHN W  
Address: 485 N KELLER ROAD, STE 401  
City-St-Zip: MAITLAND, FL 32751

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: LARRY D. SMITH

MGR

04/30/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date